

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

CAVAZZA

Serial No. 10/724,175

Filed: December 1, 2003

Title: TREATING CHRONIC UREMIC PATIENTS UNDERGOING PERIODICAL
DIALYSISAtty Dkt. 2818-180
C# M#

A.U. 1614

Examiner: Henley

Date: November 10, 2004



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.**Fees are attached as calculated below:**

Total effective claims after amendment	16	minus highest number			
previously paid for	20	(at least 20) =	0	x	\$ 18.00

Independent claims after amendment	3	minus highest number			
previously paid for	3	(at least 3) =	0	x	\$ 88.00

If proper multiple dependent claims now added for first time, add \$300.00 (ignore improper)		\$	0.00
--	--	----	------

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$430.00/2 months; \$980.00/3 months)		\$	0.00
--	--	----	------

Terminal disclaimers (2) enclosed, add \$ 110.00		\$	220.00
--	--	----	--------

<input type="checkbox"/> First/second submission after Final Rejection pursuant to 37 CFR 1.129(a) (\$790.00)		\$	0.00
<input type="checkbox"/> Please enter the previously unentered , filed			
<input type="checkbox"/> Submission attached			

Subtotal	\$	220.00
-----------------	-----------	---------------

If "small entity," then enter half (1/2) of subtotal and subtract		-\$	0.00
<input type="checkbox"/> Applicant claims "small entity" status. <input type="checkbox"/> Statement filed herewith			

Rule 56 Information Disclosure Statement Filing Fee (\$180.00)		\$	0.00
--	--	----	------

Assignment Recording Fee (\$40.00)		\$	0.00
------------------------------------	--	----	------

Other:			0.00
--------	--	--	------

TOTAL FEE ENCLOSED	\$	220.00
---------------------------	-----------	---------------

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor
Arlington, Virginia 22201-4714
Telephone: (703) 816-4000
Facsimile: (703) 816-4100
ARC:eaw

NIXON & VANDERHYE P.C.
By Atty: Arthur R. Crawford, Reg. No. 25,327

Signature: _____ 